

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.


For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11739</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Todd</u> <u>A</u> <u>Doree</u> P.O. Box, Bldg., Room No., if any Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>	4. Name, file number, and address of labor organization. Name <u>Painters District Council #3 (IUPAT)</u> Labor Organization File Number <u>002439</u> P.O. Box, Building and Room Number, if any Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>Painters District Council #3</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>9902 E. 62nd Street</u> City <u>Raytown</u> State <u>Missouri</u> ZIP Code + 4 <u>64133</u>	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/12/05
Date

(316) 215-5634
Telephone Number

Name of Person Filing Todd A. Doree

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Arnold, Newbold, Winter & Jackson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 Grand, Ste. 1600

City Kansas City,

State Missouri ZIP Code + 4 64106

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Pension,
Health & Welfare and Apprenticeship Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Attorney

11.b. Approximate dollar value of such dealing.

150,000.00

12.a. Nature of interest held or income received.

NONE

12.b. Amount

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing Todd A. Doree

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson-McShane

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 8C5

City Kansas City

State Missouri ZIP Code + 4 64111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Pension Health & Welfare and Apprenticeship Training Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 8C5

City Kansas City

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Funds Administrator

11.b. Approximate dollar value of such dealing.

150,000.00

12.a. Nature of interest held or income received.

Cannister of Cashews

12.b. Amount

\$24.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing **Todd A. Doree**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **United Actuarial Services, Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **11590 North Meridian St., Ste. 610**City **Carmel**State **Indiana** ZIP Code + 4 **46032**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Painters District Council #3 Pension and Health & Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3100 Broadway, Ste. 805**City **Kansas City**State **Missouri** ZIP Code + 4 **64111**

11.a. Nature of such dealing.

Funds Actuary11.b. Approximate dollar value of such dealing. **150,000.00**

12.a. Nature of interest held or income received.

Lunch12.b. Amount. **\$15.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **Todd A. Doree**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Segal Advisors**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1300 East 9th Street, Suite 1900**City **Cleveland**State **Ohio** ZIP Code + 4 **44114**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Painters District Council #3 Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3100 Broadway, Ste. 805**City **Kansas City**State **Missouri** ZIP Code + 4 **64111**

11.a. Nature of such dealing.

Fund Advisor

11.b. Approximate dollar value of such dealing. **20,000.00**

12.a. Nature of interest held or income received.

Lunch

12.b. Amount. **\$15.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code - 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Todd A. Doree

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painters District Council #3 PensionTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 Broadway, Ste. 805City Kansas CityState Missouri ZIP Code + 4 64111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 Broadway, Ste. 805City Kansas CityState Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Served as Trustee

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

International Foundation of Employee Benefits
Conference

12.b. Amount

\$1,824.92

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing

Todd A. Doraa

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name District Council #3 Health & Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Health & Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3100 Broadway, Ste. 805

City Kansas City

State Missouri ZIP Code + 4 64111

11.a. Nature of such dealing.

Served as Trustee

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

N/A

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing Todd A. Doree

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name District Council #3 Apprenticeship Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 105 W. 12th Ave.

City Kansas City

State Missouri

ZIP Code + 4 64116

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters District Council #3 Apprenticeship Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 105 W. 12th Ave.

City Kansas City

State Missouri

ZIP Code + 4 64116

11.a. Nature of such dealing.

Served as Trustee

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

4 lunches @ \$6.50 each

12.b. Amount.

\$26.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Todd A. Doree

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.P.A.T. Joint Apprenticeship
Training FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Ave., NWCity WashingtonState D.C.ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name District Council #3Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9902 E. 62nd StreetCity RaytownState MissouriZIP Code + 4 64133

11.a. Nature of such dealing.

Business Representative of District Council
No. 3/Participant

11.b. Approximate dollar value of such dealing.

100,000.00

12.a. Nature of interest held or income received.

Lodging & Meals - IES
Graduation Banquet\$1,001.07
\$ 43.49

12.b. Amount.

\$1,044.56

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.